

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41979

State File No. \_\_\_\_\_

FILED DEC 31 1948

Registration District No. 367

Primary Registration District No. 3063

Registrar's No. 2759

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1-hour  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7023 Westmorland  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Thomas A. Dooley

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.  
6. (b) Name of husband or wife Agnes W. Dooley 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased Dec. 18th., 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 11 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation Dist. Mgr.  
11. Industry or business American Car & F. Co.

12. Name Thomas W. Dooley  
13. Birthplace OHIO (State or foreign country)  
14. Maiden name Ann Hogan  
15. Birthplace Canada (State or foreign country)

16. (a) Informant Mrs. Agnes W. Dooley  
(b) Address 7023 Westmorland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-48  
(Month) (Day) (Year)

(c) Place: burial or cremation C. L. Swart  
18. (a) Signature of funeral director John J. Hammond  
(b) Address 3840 Lindell Blvd

19. (a) 1-29-48 (Date received local registrar) (b) John J. Hammond (Registrar's signature)

20. DATE OF DEATH: Month Nov. day 28th., year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July, 1946, to Nov 28, 1948, that I last saw him alive on Nov 28, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis Coronary artery Duration 5 mins  
Due to Arterio sclerotic heart dis. ?

Due to 93d  
Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0  
23. Signature John J. Hammond (M. D. or other) M.D.  
Address 634 N. Grand Date signed 1/29/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6  
2  
3

JAN 12 1949

Mr. Thompson  
No. The. Play 2-5 Jan

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed W H Van Matre

Licensed Embalmer No. 2825

P. O. Address. 4340 Lafayette

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**